FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **328103** **(7)**

1. Corporation Name
CLINICAS PASTEUR, INC.

Principal Place of Business
3323 PALM AVE
HIALEAH FL 33012

Mailing Address
5995 PLAZA DRIVE
MS#1460
CYPRESS CA 90630

3. Date Incorporated or Qualified: **03/28/1968**
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1210954** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SPIVACK, DAVID
3233 PALM AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1 Alhambra Plaza, Suite 100
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and the date signed

12. OFFICERS AND DIRECTORS

TITLE	SVD	☐ DELETE
NAME	LOWELL, WAYNE	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY-ST-ZIP	CYPRESS CA 90630	
TITLE	S	☐ DELETE
NAME	KONOWIECKI, JOSEPH	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY-ST-ZIP	CYPRESS CA 90630	
TITLE	V	☐ DELETE
NAME	SPIVACK, DAVID	
STREET ADDRESS	3233 PALM AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	☐ DELETE
NAME	GARROTE, IVONNE	
STREET ADDRESS	3233 PALM AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Lowell Wayne	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	500001810355	Change ☐ Addition
2.2 NAME	-05/07/96--01018--010	
2.3 STREET ADDRESS	***200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME	Spivak, David	
3.3 STREET ADDRESS	1 Alhambra Plaza, Ste 1000	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME	Garrote, Ivonne	
4.3 STREET ADDRESS	1 Alhambra Plaza, Ste. 1000	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE	P/D	☐ Change ☑ Addition
5.2 NAME	Goodstein, Mitchell	
5.3 STREET ADDRESS	1 Alhambra Plaza, Ste 1000	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
6.1 TITLE	D/C	☐ Change ☑ Addition
6.2 NAME	Folick, Jeff	
6.3 STREET ADDRESS	5995 Plaza Drive	
6.4 CITY-ST-ZIP	Cypress, CA 90630	

5-1-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joseph Konowiecki Secretary 4/02/96 (305) 229-2783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)